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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875  |                                  |              |                                    |               |  | Application or Docket Number<br><b>09961255</b> |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
|--|----------------------------------|--------------|------------------------------------|---------------|--|---|--|-------------|----------------------------------|--------------|------------------------------------|---------------|---------|----------------------------------|---------------|---|--|---------------------------|---|---|----|---|---------------------------------|-----|-------|----------|--------------|---|--------------|--|--------------|--|--------------|----------------|------|-----|--------------|----------|--------------|--|--------------|--|------------------------|--|--------------|----------------|--|--|--------------|--|--------------|--|--------------|--|------------------------|--|
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>CLAIMS AS FILED – PART I</b></p> <p style="text-align: center;">(Column 1)                      (Column 2)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">FOR</th> <th style="width: 30%;">NUMBER FILED</th> <th style="width: 10%;">NUMBER EXTRA</th> </tr> </thead> <tbody> <tr> <td>BASIC FEE<br/>(37 CFR 1.16(a))</td> <td></td> <td></td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.16(c))</td> <td>12 minus 20 =</td> <td>0</td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(b))</td> <td>1 minus 3 =</td> <td>0</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))</td> </tr> </tbody> </table> <p><small>* If the difference in column 1 is less than zero, enter "0" in column 2.</small></p> </div> <div style="width: 50%;"> <p style="text-align: center;"><b>SMALL ENTITY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">FEE</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$ _____</td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>+ \$ _____ =</td> <td></td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> </tr> </tbody> </table> </div> <div style="width: 5%;">OR</div> <div style="width: 45%;"> <p style="text-align: center;"><b>OTHER THAN SMALL ENTITY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">FEE</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$ _____</td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>+ \$ _____ =</td> <td></td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> </tr> </tbody> </table> </div> </div>   |                                  |              |                                    |               |  |   |  | FOR         | NUMBER FILED                     | NUMBER EXTRA | BASIC FEE<br>(37 CFR 1.16(a))      |               |         | TOTAL CLAIMS<br>(37 CFR 1.16(c)) | 12 minus 20 = | 0 | INDEPENDENT CLAIMS<br>(37 CFR 1.16(b)) | 1 minus 3 =               | 0 | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) |    |   | RATE                            | FEE |       | \$ _____ | X \$ _____ = |   | X \$ _____ = |  | + \$ _____ = |  | <b>TOTAL</b> |                | RATE | FEE |              | \$ _____ | X \$ _____ = |  | X \$ _____ = |  | + \$ _____ =           |  | <b>TOTAL</b> |                |  |  |              |  |              |  |              |  |                        |  |
| FOR  | NUMBER FILED                     | NUMBER EXTRA |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| BASIC FEE<br>(37 CFR 1.16(a))  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))   | 12 minus 20 =                    | 0            |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))   | 1 minus 3 =                      | 0            |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| RATE   | FEE                              |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
|  | \$ _____                         |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| + \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| <b>TOTAL</b>   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| RATE   | FEE                              |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
|  | \$ _____                         |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| + \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| <b>TOTAL</b>   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>CLAIMS AS AMENDED – PART II</b></p> <p style="text-align: center;">(Column 1)                      (Column 2)                      (Column 3)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">AMENDMENT A</th> <th style="width: 15%;">CLAIMS REMAINING AFTER AMENDMENT</th> <th style="width: 10%;">MINUS</th> <th style="width: 20%;">HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th style="width: 10%;">PRESENT EXTRA</th> </tr> </thead> <tbody> <tr> <td>4/19/04</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total<br/>(37 CFR 1.16(c))</td> <td>*</td> <td>Minus</td> <td>**</td> <td>=</td> </tr> <tr> <td>Independent<br/>(37 CFR 1.16(b))</td> <td>*</td> <td>Minus</td> <td>***</td> <td>=</td> </tr> <tr> <td colspan="5">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))</td> </tr> </tbody> </table> </div> <div style="width: 50%;"> <p style="text-align: center;"><b>SMALL ENTITY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>+ \$ _____ =</td> <td></td> </tr> <tr> <td><b>TOTAL ADD'L FEE</b></td> <td></td> </tr> </tbody> </table> </div> <div style="width: 5%;">OR</div> <div style="width: 45%;"> <p style="text-align: center;"><b>OTHER THAN SMALL ENTITY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>+ \$ _____ =</td> <td></td> </tr> <tr> <td><b>TOTAL ADD'L FEE</b></td> <td></td> </tr> </tbody> </table> </div> </div> |                                  |              |                                    |               |  |   |  | AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | MINUS        | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | 4/19/04 |                                  |               |   |  | Total<br>(37 CFR 1.16(c)) | * | Minus   | ** | = | Independent<br>(37 CFR 1.16(b)) | *   | Minus | ***      | =            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |              |  |              |  | RATE         | ADDITIONAL FEE |      |     | X \$ _____ = |          | X \$ _____ = |  | + \$ _____ = |  | <b>TOTAL ADD'L FEE</b> |  | RATE         | ADDITIONAL FEE |  |  | X \$ _____ = |  | X \$ _____ = |  | + \$ _____ = |  | <b>TOTAL ADD'L FEE</b> |  |
| AMENDMENT A  | CLAIMS REMAINING AFTER AMENDMENT | MINUS        | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| 4/19/04  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| Total<br>(37 CFR 1.16(c))  | *                                | Minus        | **                                 | =             |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| Independent<br>(37 CFR 1.16(b))  | *                                | Minus        | ***                                | =             |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| RATE   | ADDITIONAL FEE                   |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
|  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
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| + \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| <b>TOTAL ADD'L FEE</b>   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| RATE   | ADDITIONAL FEE                   |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
|  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
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| <b>TOTAL ADD'L FEE</b>   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">(Column 1)                      (Column 2)                      (Column 3)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">AMENDMENT B</th> <th style="width: 15%;">CLAIMS REMAINING AFTER AMENDMENT</th> <th style="width: 10%;">MINUS</th> <th style="width: 20%;">HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th style="width: 10%;">PRESENT EXTRA</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total<br/>(37 CFR 1.16(c))</td> <td>*</td> <td>Minus</td> <td>**</td> <td>=</td> </tr> <tr> <td>Independent<br/>(37 CFR 1.16(b))</td> <td>*</td> <td>Minus</td> <td>***</td> <td>=</td> </tr> <tr> <td colspan="5">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))</td> </tr> </tbody> </table> </div> <div style="width: 50%;"> <p style="text-align: center;"><b>SMALL ENTITY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>+ \$ _____ =</td> <td></td> </tr> <tr> <td><b>TOTAL ADD'L FEE</b></td> <td></td> </tr> </tbody> </table> </div> <div style="width: 5%;">OR</div> <div style="width: 45%;"> <p style="text-align: center;"><b>OTHER THAN SMALL ENTITY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>+ \$ _____ =</td> <td></td> </tr> <tr> <td><b>TOTAL ADD'L FEE</b></td> <td></td> </tr> </tbody> </table> </div> </div>  |                                  |              |                                    |               |  |   |  | AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | MINUS        | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |         |                                  |               |   |  | Total<br>(37 CFR 1.16(c)) | * | Minus   | ** | = | Independent<br>(37 CFR 1.16(b)) | *   | Minus | ***      | =            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |              |  |              |  | RATE         | ADDITIONAL FEE |      |     | X \$ _____ = |          | X \$ _____ = |  | + \$ _____ = |  | <b>TOTAL ADD'L FEE</b> |  | RATE         | ADDITIONAL FEE |  |  | X \$ _____ = |  | X \$ _____ = |  | + \$ _____ = |  | <b>TOTAL ADD'L FEE</b> |  |
| AMENDMENT B  | CLAIMS REMAINING AFTER AMENDMENT | MINUS        | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
|  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| Total<br>(37 CFR 1.16(c))  | *                                | Minus        | **                                 | =             |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| Independent<br>(37 CFR 1.16(b))  | *                                | Minus        | ***                                | =             |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| RATE   | ADDITIONAL FEE                   |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
|  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| + \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| <b>TOTAL ADD'L FEE</b>   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| RATE   | ADDITIONAL FEE                   |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
|  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| + \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| <b>TOTAL ADD'L FEE</b>   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
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| AMENDMENT C  | CLAIMS REMAINING AFTER AMENDMENT | MINUS        | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
|  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| Total<br>(37 CFR 1.16(c))  | *                                | Minus        | **                                 | =             |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| Independent<br>(37 CFR 1.16(b))  | *                                | Minus        | ***                                | =             |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| RATE   | ADDITIONAL FEE                   |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
|  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| + \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| <b>TOTAL ADD'L FEE</b>   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| RATE   | ADDITIONAL FEE                   |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
|  |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| X \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| + \$ _____ =   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |
| <b>TOTAL ADD'L FEE</b>   |                                  |              |                                    |               |  |   |  |             |                                  |              |                                    |               |         |                                  |               |   |  |                           |   |   |    |   |                                 |     |       |          |              |   |              |  |              |  |              |                |      |     |              |          |              |  |              |  |                        |  |              |                |  |  |              |  |              |  |              |  |                        |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

*09961255*

### CLAIMS AS FILED - PART I

|   | (Column 1)           | (Column 2)   |
|---|----------------------|--------------|
| TOTAL CLAIMS  | <i>12</i>            |              |
| FOR   | NUMBER FILED         | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | <i>12</i> minus 20 = | * <i>0</i>   |
| INDEPENDENT CLAIMS  | <i>1</i> minus 3 =   | * <i>0</i>   |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                      |              |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 355.00 |
| X\$ 9=    |        |
| X40=      |        |
| +135=     |        |
| TOTAL     |        |

| RATE      | FEE        |
|-----------|------------|
| BASIC FEE | 710.00     |
| X\$18=    |            |
| X80=      |            |
| +270=     |            |
| TOTAL     | <i>110</i> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

### CLAIMS AS AMENDED - PART II

*9-2501*

|             | (Column 1)  |             | (Column 2)                         |              | (Column 3)    |
|-------------|---|-------------|------------------------------------|--------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |             | HIGHEST NUMBER PREVIOUSLY PAID FOR |              | PRESENT EXTRA |
|             | Total   | * <i>12</i> | Minus                              | ** <i>20</i> | =             |
|             | Independent   | * <i>1</i>  | Minus                              | *** <i>3</i> | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |                                    |              |               |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

*52-03*

|             | (Column 1)  |            | (Column 2)                         |              | (Column 3)    |
|-------------|---|------------|------------------------------------|--------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |              | PRESENT EXTRA |
|             | Total   | * <i>5</i> | Minus                              | ** <i>20</i> | =             |
|             | Independent   | * <i>1</i> | Minus                              | *** <i>3</i> | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |              |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

*10-1403*

|             | (Column 1)  |            | (Column 2)                         |              | (Column 3)    |
|-------------|---|------------|------------------------------------|--------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |              | PRESENT EXTRA |
|             | Total   | * <i>5</i> | Minus                              | ** <i>20</i> | =             |
|             | Independent   | * <i>1</i> | Minus                              | *** <i>3</i> | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |              |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.